

## HHW Program Survey for Fiscal Year 2004/2005

Public Agency: \_\_\_\_\_ County: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_  
(City/Co.)

Agency Contact Person: \_\_\_\_\_  
(First Name) (Last Name)

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### QUANTITY OF HHW COLLECTED IN FY 04/05 (as reported on your Form 303)

Total In Pounds	Total In Pounds
Grand Total for All HHW: _____	Oil-based Paint: _____
Latex Paint: _____	E-Waste: _____

(Please enter "0" if you did not receive any of the above or "n/a" if you do not accept any of the above)

1. What is the total population of your HHW program service area? \_\_\_\_\_
2. Estimate the percentage of Conditionally Exempt Small Quantity Generator (CESQG) waste collected through your HHW program. \_\_\_\_\_
3. Which of the following does your agency currently use to fund HHW related expenses?
 

<input type="checkbox"/> yes	<input type="checkbox"/> no	landfill tonnage fees	<input type="checkbox"/> yes	<input type="checkbox"/> no	general fund
<input type="checkbox"/> yes	<input type="checkbox"/> no	surcharge added to garbage bill	<input type="checkbox"/> yes	<input type="checkbox"/> no	consumer drop-off fee
<input type="checkbox"/> yes	<input type="checkbox"/> no	current garbage rate includes HHW	<input type="checkbox"/> yes	<input type="checkbox"/> no	all "inclusive" hauler agreement
<input type="checkbox"/> yes	<input type="checkbox"/> no	parcel fee	<input type="checkbox"/> yes	<input type="checkbox"/> no	grants through CIWMB
<input type="checkbox"/> Other (specify): _____					

### HHW PROGRAM COSTS IN FY 05/06

Latex Paint Program Costs	\$
Oil-base Paint Program Costs	\$
Electronic Waste Program Costs	\$
Total HHW Program Costs (includes the above and all other HHW program costs)	\$

### LATEX PAINT MANAGEMENT

1. What does your program do with the latex paint collected? Indicate by selecting from the following:
 

___ 1. Bulk and offered for reuse.	___ 4. Loose packed and sent for processing into cement.
___ 2. Bulk and sent for processing into cement.	___ 5. Loose packed and sent to a paint recycler.
___ 3. Bulk and sent to a paint recycler.	___ 6. Converted to a recycled elastomer byproduct.
___ 7. Other (Explain) _____	

2. What happens to the paint after it is reprocessed?

- |  |  |
|--|--|
| ___ 1. HHW program donates for reuse.  | ___ 5. Recycler mixes with virgin paint and sells as standard paint. |
| ___ 2. HHW program sells for reuse.  | ___ 6. Recycler donates for reuse.                                   |
| ___ 3. Recycler sells as recycled paint.   | ___ 7. Used as an elastomer base for waterproofing.                  |
| ___ 4. Recycler processes collected paint into products other than paint and cement. | ___ 8. Other (Explain) _____   |

### ELECTRONIC WASTE MANAGEMENT

Is your HHW program the lead agency in charge of electronics collection in your city or county? ☐ yes ☐ no

If yes, is your E-waste program operated by a contractor? ☐ yes ☐ no

If yes, are they a participant in the SB 20 CEW payment system? ☐ yes ☐ no

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### UNIVERSAL WASTE MANAGEMENT

Do you collect U-waste at your HHW facility/event?

☐ yes ☐ no

If yes, please answer the following questions.

1. What U-waste does your HHW program presently collect?

<input type="checkbox"/> yes	<input type="checkbox"/> no	fluorescent lamps	<input type="checkbox"/> yes	<input type="checkbox"/> no	thermostats/thermometers
<input type="checkbox"/> yes	<input type="checkbox"/> no	household batteries	<input type="checkbox"/> yes	<input type="checkbox"/> no	UWEDs (electronic devices other than SB20 waste)

☐ Other (specify): \_\_\_\_\_

2. If the Universal Waste Rule exemption expires on February 8, 2006, how will your agency pay for the collection/transportation/disposal/public education costs of this new waste stream?

<input type="checkbox"/> yes	<input type="checkbox"/> no	increased tipping fee	<input type="checkbox"/> yes	<input type="checkbox"/> no	fee increase on garbage/utility bills
<input type="checkbox"/> yes	<input type="checkbox"/> no	increased parcel fee	<input type="checkbox"/> yes	<input type="checkbox"/> no	grants through CIWMB
<input type="checkbox"/> yes	<input type="checkbox"/> no	general fund	<input type="checkbox"/> yes	<input type="checkbox"/> no	not sure

☐ Other (specify): \_\_\_\_\_

3. Do you need assistance from CIWMB relative to U-waste?

☐ yes ☐ no

(If yes, please prioritize the following)

publicity/education (i.e. Statewide education campaign -Education materials to customize)	<input type="checkbox"/> Priority	<input type="checkbox"/> Somewhat a priority	<input type="checkbox"/> Not a priority
infrastructure development (i.e. Facility expansion costs -Storage capacity costs)	<input type="checkbox"/> Priority	<input type="checkbox"/> Somewhat a priority	<input type="checkbox"/> Not a priority
disposal/transportation costs	<input type="checkbox"/> Priority	<input type="checkbox"/> Somewhat a priority	<input type="checkbox"/> Not a priority

☐ Other (specify): \_\_\_\_\_

**Thank you for your cooperation. Please return the survey with Form 303 to:**

**Email Address:**

**Form303@dtsc.ca.gov**

**Postal Mail Address:**

**DTSC  
HHW Program – Form 303  
PO Box 806  
Sacramento, CA 95814-0806**